THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI) (a) The over all nurse bed ratio varies from 1:3 to 1:10 depending on the bed strength of the units/hospitals.

(b) and (c) As per World Health Organization there is no standard ratio of nurse to hospital beds. It depends greatly on patient need for nursing, support to nurses in giving patient care and their expected roles and responsibilities. In order to make improvement in the nursing services, a sum of Rs. 82 crores has been allocated during the Tenth Plan period under the Development of Nursing Services. The following activities were undertaken during the Tenth Plan period.

(i) Opening of College of Nursing at JIPMER, Pondicherry

(ii) To upgrade Schools of Nursing into Colleges of Nursing attached to Dr. RML Hospital, Safdarjung Hospital, LHMC and Associated Hospital.

(iii) Strengthening of RAK College of Nursing as a "Centre of Excellence".

(iv) One time financial assistance to the State Governments for upgrading Schools of Nursing into Colleges of Nursing attached to Medical Colleges.

(v) Organizing Continuing Education Programme for Nursing personnel to upgrade the knowledge and skills.

(vi) In the development of strategic frame work for nursing for Eleventh Plan, it is proposed to open ANM and GNM nursing schools under NRHM in those districts where schools are not available.

Women death due to pregnancy

1461. MS. MABEL REBELLO: Will the Ministry of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that one woman dies at every 7 minutes from a pregnancy related cause;

(b) if so, what are the reasons therefor;

(c) what is the maternal mortality ratio in the country; and

(d) how do we bring down this death rate?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI):. (a) to (d) Yes. Based on the official estimates of Registrar General of India (RGI), Maternal Mortality Ratio (MMR) for India is 301 per 100,000 live births (SRS 2001-03) [Refer to the Statement appended to the anwer to USQ 1435 pt (a) to (c)] This translates into an absolute number of maternal deaths of approximately 77,000 per year or in other words one woman dying every seven minutes due to complications related to pregnancy and child birth.

As per the latest survey reports (SRS – 2001-03), the reasons for high Maternal Mortality in the country are – Hemorrhage – 38%, Sepsis – 11%, Abortion – 8%, Obstructed Labour – 5%, Hypertensive Disorders – 5% and Others – 34%.

The Government of India, with a view to increasing access to quality health care including services to Safe Motherhood, has launched the **National Rural Health Mission (NRHM)** with special emphasis on improving the health status of rural population throughout the country. The Mission will operate over a period of seven years from 2005 to 2012. Under the NRHM (2005-2012) and the RCH programme Phase II (2005 to 2010), one of the goals is to achieve a reduction in MMR to 100 per 100,000 live births and services are being strengthened through:

Janani Suraksha Yojana (JSY), a scheme to promote Institutional Delivery for reducing Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) by providing quality maternal care during pregnancy, delivery and immediate post-delivery period with appropriate referral transport system along with cash assistance to pregnant women with a special focus on Below Poverty Line (BPL) women. The scheme also covers SC/ST women delivering in the Govt. Health Institutions and accredited Private Institutions.

Appointment of an Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing of health care services by the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal check ups and immunization to children.

Ensuring skilled attendance at every birth both in the community and the Institutions.

Operationalizing all Community Health Centers as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services.

Equipping 50% of all Primary Health Centers for providing 24X7 delivery services by 2010.

Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities, which includes providing infrastructure, specialized man-power and equipments.'

Training of MBBS Doctors in Life Saving Anesthetic Skills for Emergency Obstetric Care at First Referral Unit.

Training of MBBS Doctors in Emergency Obstetric Care including Caesarian Section. The programme is being carried out in partnership with Federation of Obstetrics and Gynecological Society of India (FOGSI).

Strengthening of sub-centres by providing untied fund of Rs. 10,000/- for utilizing at the sub-center to improve the service delivery. The fund shall be operated jointly by the Local Panchayat Representative and ANM.

Organizing of Village Health & Nutrition Day at Anganwadi center at least once in every month.

To prevent anemia among pregnant and lactating women, one tablet of Iron and Folic Acid (100 mg elemental iron) per day is administered to all pregnant women for 100 days and two tablets of Iron and Folic Acid per day to the pregnant women who show clinical signs of severe anemia for 100 days.

Package for Development of Khadi Village Industry

†1462. SHRI JAI PARKASH AGGARWAL: Will the Minister of MICRO, SMALL AND MEDIUM ENTERPRISES be pleased to state:

(a) whether any package is under consideration for development and promotion of Khadi Village Industry sector; and

(b) if so, the details thereof and present position thereof, State-wise?

THE MINISTER OF MICRO, SMALL AND MEDIUM ENTERPRISES (SHRI MAHAVIR PRASAD): (a) and (b) Yes, Sir. The Khadi and Village Industries Commission (KVIC) is proposing a new scheme named 'Package for Developing Infrastructure for Khadi Institutions and Nursing Fund for weak Institutions', which is in its conceptual stage.

Promotion of SSIs in Sikkim

1463. SHRI O.T. LEPCHA: Will the Minister of MICRO, SMALL AND MEDIUM ENTERPRISES be pleased to state:

(a) the details of steps taken, by the Central Government for development and promotion of small scale industries in the country particularly in the State of Sikkim;

(b) the details of small scale industries under implementation in Sikkim; and

(c) the details of funds allocated, sanctioned, released and utilised for setting-up of SSI units in Sikkim during the last three years?

THE MINISTER OF MICRO, SMALL AND MEDIUM ENTERPRISES (SHRI MAHAVIR PRASAD): (a) to (c) The development and promotion of small scale industries is primarily the responsibility of the respective State/Union Territory (UT) Governments/Administrations. The Central Government, however, supports and supplements the efforts of the State Governments/UT Administrations through various schemes/programmes relating to credit, infrastructural development, technology upgradation, marketing, entrepreneurial development, etc, These are implemented across the country including Sikkim, The allocation of funds is made scheme-wise, not State-Wise, depending on demand. The details of activities undertaken and status of the major schemes in the State of Sikkim is given in the Statement.

†Original notice of the question was received in Hindi.